

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on the

Health Department, City of Baltimore.

Permit No. A 261

Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with a twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Bayley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 87. Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, City Missionary

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give Street and Number. } 1731 McEldred St

Cause of Death, { First (Primary), Second (Immediate), } Old age
Coma.

Duration of Last Sickness, About 8 months has been sinking

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 9th 1887

Undertaker, Stewart & Mowen M. D.

Place of Business, 215 7217 Park Ave Address, 2102 Madison

13 Sunday Mt Royal Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is directed to the following:

Board of Health, City of Baltimore,
Permit No. A 262 Office of Registrar of Vital Statistics. Ward 549

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minde Shipel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, — Days,

Color, White

Married, Single, Widowed, or Wid, { Cross out the word not required in this line. } ✓

Occupation, Nil

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 39 Little Mc Elerry Street

Cause of Death, { First, (Primary,) Diphtheritic Croup }
Second, (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Eaten St Congreg

Date of Burial, 9 June 1887

{ Undertaker, A. Cottfield } Alfred Whitehead M. D.,
Medical Attendant.

{ Place of Business, 188 Cl High } Address, 18 S. Easter Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 263

Office of Registrar of Vital Statistics.

Ward

2⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 8³ 89

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elisabetha Setta Beck

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

June 10 1887

Undertaker,

W. C. Watchman

Place of Business,

No 10 E. 7th St

Address,

1523 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. A. 264

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victoria Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 2 Months, _____ Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 906 Harris Alley

Cause of Death, { First (Primary), Second (Immediate), } Accidentally burned

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1887

Undertaker, Wm. H. Dingle

Place of Business, 150 E 2nd St

Address, 901 Stricker St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 265

Office of Registrar of Vital Statistics.

Ward

2²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 9 2 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carrie A. Sweeney

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Wilmington, Del.

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death,

{ Give Street and Number. }

521 S. Weymouth

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Scarlatina

Paralytic cord.

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Cemetery

Date of Burial,

10 June 1887

{ Undertaker,

John C. Frank

{ Place of Business,

265 N. Howard

Address,

1523 S. Hammond

Flather M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 266 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theresa G. Glasgow

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 65 Years, _____ Months, _____ Days

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Harford Co. Md. ✓

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, { Give Street and Number. } Old No. 164 Arlington Ave.

Cause of Death, { First (Primary) Chronic Desquamative Nephritis.
Second (Immediate), Uremia - (Convulsions & Coma.)

Duration of Last Sickness, Ill 6 days - First Convulsions 2 years since

All the above information should be furnished by the Physician.

Place of Burial, Church Hill Harford Co

Date of Burial, June 9th 1887

{ Undertaker, Henny & Mitchell } J. P. Powell M. D.

{ Place of Business, 1201 W. Fayette } Address, 309 S. Paul St. E. 2^d

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A267

Office of Registrar of Vital Statistics.

Ward

12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Hill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, 0 Months, 0 Days

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 537 Oxford St. Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 537 Oxford St.

Cause of Death, { First (Primary), Second (Immediate), } Morosemia

Duration of Last Sickness, Has never been well

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1887

Undertaker, Mr. A. Bishop Jr. S. K. Mernick M. D.

Medical Attendant.

Place of Business, 97 Druid Hill Ave Address, 420 W. Middle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 268 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11.45 P.M. June 7, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur B. Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, 12 Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, { Give Street and Number. } 1313 Bayard St.

Cause of Death, { First (Primary), Second (Immediate), } Convulsions
Asphyxia

Duration of Last Sickness, one week or more

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 9

Undertaker, J. B. Cook H. L. Knapp M. D.
Medical Attendant.

Place of Business, 1007 W. Patterson St. Address, 513 Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 269 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1887

Full Name of Deceased, Frederick Darris
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 9 Months, — Days.

Color, white

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, none

Birth Place, Balti. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, lifetime

Place of Death, 600 Constellation { Give Street and Number. }

Cause of Death, Morbilli { First (Primary), } (Measles)
antenna { Second (Immediate), }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 8th

{ Undertaker, Fred Gaede Medical Attendant, D. Pratt M. D.

{ Place of Business, 108 S. Caroline Address, 483 W. Eads

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 270 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8, 87,
Full Name of Deceased, Henry Himmler { Write legibly and spell correctly. If an infant not named, give names of parents. }
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 24 Years, _____ Months, _____ Days.
Color, White.
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Labrer
Birth Place, Balt. City { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, Since birth
Place of Death, 1723 Seneca St. { Give Street and Number. }
Cause of Death, Consumption { First (Primary), Second (Immediate), }
Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 11th

Undertaker, Geo Goerdens & Son

Place of Business, 210 N. Delaware St. Address, 1813 N. Pratt St.

J. R. Wilson

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]